

**An Exploration of the Role of Creativity in Psychotherapy**

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# CONTENTS

ABSTRACT.....	i
INTRODUCTION.....	1
CHAPTER 1.....	3
1.1 Introduction to Creativity.....	3
1.2 Human Behavior is Creative.....	3
1.3 Intuition and Creativity.....	4
1.4 The Incubation Period .....	5
1.5 Conclusion.....	5
CHAPTER 2.....	7
2.1 The Influencer of Personal Construct Theory.....	7
2.2 Interpersonal Creativity.....	8
2.3 Co-Creation in the Therapeutic Space.....	11
2.4 Conclusion.....	13
CHAPTER 3.....	14
3.1 Creativity in Psychotherapy.....	14
3.2 Using Intuition as a Guide.....	16
3.3 Overcoming Stuckness.....	16
3.4 It's Not the Be-All and End-All.....	17
3.5 Conclusion.....	17
CONCLUSION.....	19
REFERENCES.....	22

## **Abstract**

This paper explores the role of creativity in psychotherapy with focus on the intrinsic and interpersonal application of creativity in this context. The objective is to understand if there is a need for creative training in psychotherapy training. It starts with an exploration of creativity in human behavior and how new ideas originate. Then it covers the interpersonal nature of creativity and the processes that underlie this with focus on the individuality as well as co-creation in the therapeutic space. Finally, it discussed the application of creativity in psychotherapy including the therapeutic alliance, leveraging intuition as well as its limitations.

## **Introduction**

### **An Exploration of the Role of Creativity in Psychotherapy**

The purpose of this paper is to explore the role of creativity in the context of psychotherapy. Creativity was once described as ‘one of psychology’s orphans’ because of its neglected status within counselling research (Sternberg and Lubart, 1994). While there is growing research on creative art therapy, there is limited studies done on intrinsic creativity in the context of psychotherapy. The reason for this can be attributed to a general resistance to change. People are threatened by new ideas that challenge what they think they already know. In psychotherapy, creativity requires some sort of deviation from the rules. Bloom (1975) notes that creative acts within the field of psychotherapy often stand in opposition to the structures built by those currently in power and as such, they are resisted before they are accepted. There is a well-known myth culturally that creativity is an innate trait, but this study concludes that creativity is in fact accessible by everyone, if they have the tools and the know-how to harness it. As such, today little to no focus is given to this material in professional training.

This paper will examine the role of creativity in the psychotherapeutic setting with focus on the significance of it in relation to human behavior and change, its origins in intuition and the environment needed for it to come into fruition. Chapter 1 will focus on the origins of creativity, including its role in human behavior and its source in intuition (Bohart 1999). Chapter 2 is focused creativity in the interpersonal sense. It highlights Kelly's (1955) Personal Construct Theory as well as Leitner (1988) Experiential Personal Constructivist, which combined gave rise to Anderson et al's (1999) studies on the phenomena of interpersonal facilitation in the therapeutic space. This is linked closely to Rothenberg's (1988) finding on the use of creativity in psychotherapy in the context of co-creation in the space and the processes that underlie this including the homospatial

and janusian processes. Chapter 3 proceeds to focus on the application of creativity in psychotherapy. This incorporates Anderson et al's (1999) findings on the creative use of the therapeutic relationship to bring about change in the client. It continues with Bohart's (1999) review of the ways in which both therapist and client can use their intuition to formulate more productive ways of being and it explores the notion of the therapeutic process becoming 'stuck' as a reflection more on the therapist, than on the client.

The aim of this research is to gain a better understanding of the role creativity plays in the process of psychotherapy and the objective is to determine whether there is a case for the inclusion of creativity focused training and its application to psychotherapy in professional training.

## **Chapter 1**

Chapter 1 discusses the idea and process of creativity, as well as its relevance to psychotherapy. It starts with a definition of creativity as outlined by Schmidt (2005). This is followed by Bohart's (1999) observations on creativity as an inherent human behavior, a way we live moment-by-moment. Next, it outlines the origination of creative ideas, its roots in intuition as well as the conditions required for it to flourish.

### **1.1 Introduction to Creativity**

Schmid (2005, p 6) described creativity as *“the innate capacity to think and act in original ways, to be inventive, to be imaginative, and to find new and original solutions to need and forms of expression”*. It is the process of developing new solutions to old problems. In the context of psychotherapy then, behavioral change can be viewed as a creative endeavor. The examination of old and defeating patterns of behavior, and the active construction of new. This mutual process of creation by the therapist and client which happens over a time period and is derived from conscious and unconscious processes that underlie human behavior.

### **1.2 Human Behavior is Creative**

Bohart (1999) observed human behavior as inherently creative. Conscious experience is the product of information being processed by a series of unconscious schemas that exist in the mind. These schemata organise information and attach meaning to experiences. Interpretations of experiences are predetermined and presented to the individual at which point they can actively engage with it in order to generate alternative explanations for their experiences. Because no experience is the same as another, moment-by-moment functioning needs creativity. It needs such

in order to digest new experiences, organise them internally against past experiences and to interpret and assign meaning to them accordingly. This continually changing behavior requires creativity to engage.

Because no new situation is the same as a previous one, moment-by-moment functioning is considered creative. As new situations arise, a person must determine whether they have experienced a similar situation before. If so, they then need to interpret it creatively based on prior experiences. In responding to situations, we need to bend, shape and redefine our existing concepts. This is an on-going process of discovery (Bohart, 1999).

### **1.3 Intuition and Creativity**

In order to understand where creativity comes from, we must consider whether experience is conceptual or nonconceptual. Bohart (1999, p. 293) proposed the idea that “*we know many things tacitly, intuitively, and unconsciously, beyond what we have put into words.*” He continues, “*tacit, intuitive knowledge is implicit knowing extracted both perceptually and conceptually from experience. However, it is by no means primarily verbal and conceptual, even at a rapid, nonconscious level.*” Because so much of our experience is picked up intuitively, we know more than we can say about the way in which many things operate including both family and social structures. Because much of this is tacitly picked up in a bodily, intuitive way it can be very difficult to change. Bohart (1999) believes people experience the world on a nonconscious level which is interpreted through a series of structures, patterns and rhythms. We can inherently sense changes in rhythms or flows, both in ourselves and in others, which is why we cannot explain a knowing sense in the behavior of a spouse or colleague. This tacit knowledge does not speak in words but is instead, an innate sense. According to Bohart (1999, p. 296), “*tacit, intuitive,*

*experiential picking up of new meanings that is the ultimate basis of creativity.*” Creativity is the act of working this flash of inspiration or insight, typically derived from tacit knowing and combining it with cognitive concepts to morph it into something useful. Both parts are of equal importance.

#### **1.4 The Incubation Period**

While intuition or insight is often viewed as a flash in the dark, a moment of inspiration, according to Gladding (2002) there is more to it than that. It follows an ‘incubation’ period. In therapy we discuss with our client's old problems and existing ways of dealing with them. This is frustrating by nature. The incubation period is the unconscious rest period when no conscious thought is done. This time requires the client to give up control and the search for a solution and to just let it be. In letting go, the mind can relax and play with the idea by associating it with experiences as they come and go. From this, the ‘a-ha moment’ can arise. This insight can emerge in the therapist, in the client or in an interaction between both and it can occur outside the therapy room as well as inside. These moments are serendipitous in nature and referred to by as being struck by lightning by Kotter and Heckler (2002, p 18). However, they note;

*...the bolts of lightning such as devising a perfect intervention, finding the perfect reframe, or finally reaching into the world of the client are, in reality, not lightning bolts as much as they are a creation of thunderstorms.*

#### **1.5 Conclusion**

To summarise, creativity is an inherent part of human behavior. It is required for moment-by-moment functioning and is a mix of conscious and unconscious processes. These processes arise through a mix of exploration, frustration, intuition and understanding which give rise to new ways of being. These new

ways can then be tested, tried out and either rejected or adopted. While insight can hit in a flash, the process which underlies this is much less timely. It requires one to do the work; in the context of psychotherapy this means to explore one's current way of being and to then relinquish some level of control so that our tacit intuitive knowing can deliver a new idea.

## Chapter 2

This section focuses on creativity from an interpersonal perspective. It begins with an outline of the Theory of Personal Construct (Kelly, 1955) which centers on the subjective nature of reality for individuals, as well as the impact of this on the psychotherapeutic process. It then references Leitner (1988) and his concept of *Experiential Personal Constructivism* which forms the basis for Anderson et al.'s (1999) work on the creative use of the therapeutic alliance in psychotherapy. It continues with the ideas laid out by Rothenberg (1988) on the creative processes that underlie co-creation in psychotherapy with reference to the homospatial and janusian processes as well as the concept of articulation and its validity in co-creation.

### 2.1 The Influence of Personal Construct Theory

Kelly (1955), in his Personal Construct Theory, moves beyond the notion of a single reality. While unrelated to intuition, he does believe reality to be subjective. Reality in this context is a construct of our personal reality, based on past experiences and our interpretation of these, which is in line with the ideas of a tacit preverbal understanding laid out earlier by Bohart (1999). As such, reality is always experienced from one or another perspective leading to an infinite variety of constructs with no single interpretation. He denotes that problems in pathology arise from poor personal constructs. On the basis that a revised construct increases our ability to comprehend the world around us, Kelly, (1955/1991) believes psychotherapy to be a process of reconstruction, a joint search by the client and therapist for a new narrative. With no objective reality or restricting interpretations, the client and therapist are free to interpret the world as creatively as they wish.

Grounded in personal construct theory, Leitner (1988) developed his concept of experiential personal constructivism. The theory affirms that psychopathology arises as a result of a series of relational invalidations which, over time lead to psychical disruption. He asserts that since the

relationship can have such a profound impact on pathology that it too can be a source of psychological healing. Leitner (1991, p. 273) notes that in the context of psychotherapy, *“the unique, intimate relationship in the therapy room is the healing instrument of psychotherapy.”*

Leitner and Faidley (1999) propose that owing to the endless variety of interpretations, all aspects of our interpersonal worlds are open to construction. That being, the personally constructed perspective of the therapist and that of the client. Because of this, each therapeutic journey is entirely unique, based on the individual realities of both parties. Leitner and Faidley (1999, p. 274) believe that

*“Inasmuch as this is true for both therapist and client, each therapeutic contact (like every relational connection) is a creative endeavor. We literally have to create anew with each client the healing relationship that is psychotherapy.”*

## **2.2 Interpersonal Creativity**

This section explores the complex phenomena of interpersonal facilitation in the therapeutic space as outlined by Anderson, Ogles and Weis (1999), with reference to the construct ‘alternativism theory’ (Kelly, 1955). Anderson et al. (1999) focus on the importance of the therapeutic relationship, from the perspective of the therapists’ use of creativity in construing and leveraging the therapeutic alliance to enhance client improvement. In the context of psychotherapy, specific skills can be difficult to define, but what is noted is the natural capacity some therapists have for alliance building as well as a sensitivity to interpersonal exchanges in the space. These skills are referred to as facilitative interpersonal skills. They are grounded in sociability, empathy and the ability to relate to others.

To understand the role creativity plays in the exhibition of these skills, we need to define creativity. Kelly, (1969, p. 127-128) defines it as follows;

*“The creativity cycle...starts with a phase of loosened construction and terminates with a phase of tightened construction. These phases are to be regarded not as alternative states but as transitional stages in a continuity in which the vague, unexpected and dreamlike constructions that emerge during the loose phase are not altogether abandoned in favor of tight and neatly defined construction in the later phase, but are, instead, gently lifted from the miasma of incoherence and sensitivity shaped to definition without being subjected to prematurely harsh tests of consistency - either tests of consistency with themselves or consistency with other constructions are more tightly held.”*

Anderson et al. (1999), refer to the challenges of modern-day practice of psychotherapy. Modern day training and practice increasingly focus on manualised interventions and outcomes as a way of standardising the practice. This, however, is wholly at odds with the creative use of the therapeutic alliance, which resists attempts to be confined, controlled or tamed. Binder and Strupp (1984), in their study *Time Limited Dynamic Psychotherapy* explored the effects of training experienced therapists in manualised interpersonal interventions that focused on the therapeutic alliance. What emerged was huge variances in the ability of the therapists to create and sustain a meaningful relationship. While creative therapists were adept at incorporating the manualised principals into their work in a way that engaged clients in the here and now, those considered to be lacking in creativity experienced increased stuckness and less evolution in the relationship. Creative therapists were notably more adaptable and had an innate ability to work within a wide range of experiences and contexts.

According to Anderson et al. (1999), therapist creativity in this context is based on three factors. First, the therapist's personal experience. Second, their ability to tolerate variance in the personal constructs of their clients. And third, their willingness to facilitate interpersonal exploration in the client. These three factors influence the effective exploration of the following interpersonal dynamics: Perception, Anticipating and Hypothesizing and Experimentation.

Anderson et al's (1999) consider 'interpersonal perception' a key characteristic of the creative therapist. Increased interpersonal perceptiveness increases the therapist's capacity to intervene with a client. Perceptiveness is associated with intuition and is often implicit on the part of the therapist. In the context of psychotherapy, interventions are often complex and require heightened sensitivity to the interpersonal dynamics at play. Anderson et al's (1999, p. 322) note that the creative therapist "*infuses himself in the interpersonal context, moving beyond mere awareness, and perceptively marinating in the client's experience and construing process.*" Perceptiveness is a result of experience, both in overcoming one's own personal constructs and in engaging with an array of interpersonal patterns with clients. But these types of creative insights take years of hard work to cultivate.

Another key element of creative relating in the therapeutic space is the use of anticipating and hypothesising on the part of the therapist. Anderson et al (1999) remark that the extent to which the therapist engages in anticipating the other influences the accuracy of empathy. Creative therapists seek to understand their client for who she really is, based on moment-by-moment exchanges between them and not on any preconceived notions. They actively perceive nuances of expression and observe how the client is anticipating them, providing insights into unique aspects of the client. Empathy accuracy is the foundation on which the client begins to venture into new interpersonal territory. Without accurate empathy, the client may continue to feel misunderstood.

The last notable area that explores creativity in the therapeutic alliance is that of experimentation. Once the therapist displays empathy, the client is free to begin exploring new ways of relating. The role of the therapist is to facilitate the experimentation of existing patterns of behavior and to support the clients rearranging of such. This is a time where both are free to play and to experiment with a new level of openness and self-expression. By anticipating the clients construing process, the client is empowered to experiment interpersonally (Anderson et al 1999).

To summarise, Anderson et al. (1999) believe the creative use of the therapeutic alliance is paramount to the enhancement of client functioning. A therapist's individual ability to creatively influence the alliance is based on three factors; personal experience, an ability to tolerate variances in client personal constructs as well as a willingness to explore interpersonal dynamics in the space. Collectively, these factors influence the therapist's ability to perceive, hypothesise and experiment in the alliance, all of which form the basis of psychic change.

### **2.3 Co-Creation in the Therapeutic Space**

This section discusses the key creative processes that underlie co-creation in the therapeutic space as laid out by Rothenberg (1988), in his work on the creative process in psychotherapy. In this, he denotes that the role of psychotherapy is to help the client to function better. The goal of the client too is to be better, and to be better is to change. When the client and therapist goals are in alignment, both are oriented to and engaged in facilitating creation. Rothenberg (1988, p. 8) states, *“Both are focused on the patient’s creation of aspects of his personality, and both are engaged in an ongoing mutual creative process that involves the patient’s personality attributes and personality structure.”* For both parties to effectively collaborate in this mutual process of creation, the

therapist is required to take a varied approach that includes interpretation, clarification, confrontation, reflection and education. These approaches, grounded in knowledge and theory, help the therapist to formulate and test hypotheses on an on-going basis in the therapeutic space. In order for the therapist to guide his client towards a new way of being the therapist should, according to Rothenberg (1988, p. 39), “*take risks, think flexibly and engage in the highest degree of creativity of which he is capable.*” In order to fully engage in the creative work, Rothenberg (1988) believes it necessary to understand the psychological processes involved in creativity.

Rothenberg (1988) refers to the cognitive, motivational, and affective processes of homospatial process and janusian process, both of which will be explained in more detail. Rothenberg (1988, p. 39) describes the homospatial process is defined as “*actively conceiving two or more discrete entities occupying the same space, a conception leading to the articulation of new identities.*” This process has three specific functions in psychotherapy. The first, is to support the creation of a metaphor in which the contrasting object elements manifest in the dynamic interaction between the therapist and client. The second involves the creative use of empathy, that is, the therapist perceives her self-representation with that of the client, which enables the therapist to formulate an interpretation. And lastly, it serves as a mirror which works to decode the unconscious mind of the client.

In contrast, the janusian process is described by Rothenberg (1988, p. 51) as a process which consists of “*actively conceiving two or more opposites or antitheses simultaneously.*” In the context of psychotherapy this can refer to the moment the therapist understands the operating opposites at play in the clients mental functioning. The role of the client in this is to experiment with new patterns of behavior, new ways of being. The therapist’s role is to provoke this process of mutual creation. Both processes form the basis of creation between the therapist and client.

Understanding is the core facilitator of creativity and it is a product of homospatial and janusian processes.

A key factor that underlies these processes is *articulation*. Rothenberg (1998) describes this as the process of joining, one that requires ideas to come together, only to be reexamined, to be taken apart and to eventually form a new construct or idea. In the process of co-creation in psychotherapy it functions to form new structures or ways of being that were not previously considered by the client.

## **2.4 Conclusion**

To summarise, this section outlined the various applications of creativity to the process of psychotherapy. Starting with an outline of Personal Construct Theory (Kelly, 1955) and the concept of experiential personal constructivism (Leitner, 1988), both of which lay the foundation for Anderson et al's, (1999) ideas on the creative use of the therapeutic alliance. Lastly, it looks at the process of co-creation as a mutually creative endeavor between therapist and client, as well as the processes that underlie it (Rothenberg, 1998). To conclude, interpersonal creativity plays an important role in both the formation of the therapeutic alliance and in the client's propensity to explore and implement lasting behavioral change. The next chapter will discuss the practical application of creativity to psychotherapy with a focus on the guiding role of intuition in the process, overcoming stuckness in the space and the limitations of creativity in psychotherapy.

## Chapter 3

Chapter 3 will focus on the application of creativity to the psychotherapeutic process. This includes looking at the creative nature of psychotherapy, a process of change that requires new ways of thinking and being. It then looks at the three requirements of therapists to leverage the creative process including a willingness to take risks, a unique approach to each client and an ability to solve problems. This is followed by an exploration of the mutually intuitive process that emerges between the therapist and client and ends with the idea of becoming ‘stuck’ in the process and what therapists can to emerge from this.

### 3.1 Creativity in Psychotherapy

Psychotherapy is a collaborative treatment, grounded in dialogue and based on the relationship between the therapist and client. Initially, it hints at little creativity but Rosenthal (2002), on interviewing Samuel Gladding discerned that the process, by its very nature, is utterly creative. Gladding (2002, p. 26), recognised for his work on creativity, conveyed the therapists’ obligation for creativity as follows;

*“I think that all effective long-lasting psychotherapy is creative in nature. Counsellors are catalysts. As such they are creative in their sessions and help their clients think, behave, and/or feel differently so that the clients are more aware, appropriate, and satisfied with life because they leave sessions with more choices than they began with.”*

For the field to optimally leverage the process, the therapist herself must be attuned to her personal source of creativity. Kotter (2010) outlines three key requirements of the creative therapist. The first is fear. Kotter (2010, p. 227) believes risk and fear to be inseparable, *“there cannot be the possibility of gain without the possibility of loss - no matter how carefully one anticipates and*

*prepares. Taking risks means, to some, the possibility of making the wrong choice.*” The therapist risks losing themselves, exposing themselves as uninformed, making the wrong intervention at the wrong time and falling short for the clients. But it is their role to help the client harness their creative resources and to influence their proclivity towards risk taking in emotional expression, relinquishing control and practicing intimacy. If the therapist is unwilling to do this herself, she will not inspire the client.

The second is the capacity for creativity. Kotter (2010, p. 232) likens the therapist to a detective, their objective being to investigate the ‘crime’ and to make sense of the moving parts. They must gather evidence, reconstruct the scene, formulate a motive and hypothesise about why the client's symptoms present as they do. The therapist must approach each client as if it is their first. Through engaging with the clients’ personal story, the therapist can begin to understand and frame the unique issues presented by each client.

The third is the ability to solve problems. Kotter and Heckler (2002, p. 15) discuss the assumption that therapy is generally the last port of call for the client. They come looking for productive solutions to old problems, but creativity takes time and problem-solving does not happen overnight. Kotter (2010, p. 224) notes that therapist's role is to “*help clients break loose from their rigid, self-defeating patterns, to think, feel, and act differently.*” Once the process of conscious problem-solving takes place, this is followed by a period of incubation or articulation as referenced in the Chapter 2 and then the aha moment.

In summary, psychotherapy is a mutually collaborative process that is creative by nature. The key to leveraging creativity lies with the therapist and this is based on access to their own personal source of creativity. This is necessary for the following three reasons. First, so the therapist can be fearless and take the risks necessary to work with individual clients. Second, so

the therapists can engage and hypothesize with the client's unique journey and presentation and third, so the therapist can effectively help the client apply new solutions to old problems. The next section covers the notion of intuition as a guide in psychotherapy.

### **3.2 Using Intuition as a Guide**

Bohart (1999) suggests that the therapists' use of creative adjustments in therapy depends on their trust in intuition. The therapist needs to be attuned to their own inner experience in order to engage with the material that emerges intuitively from the therapeutic alliance. Such materials include flashes of insight, feelings of unease, sudden thoughts, images, or general hints that something is off in the client's behavior. In order to work with this, the therapist must first engage with it internally and then sense check it against the perceptions of what is going on for the client. If it fits, the therapist can act on it and bring it into the interpersonal exchange. This is a moment-by-moment process that requires on-going editing in order to maintain relevance with the client. But this is not just a process for the therapist. Bohart (1999, p. 305) refers to therapy as a *“two-person intelligence system, in which both parties are capable of intuitive insights and creative articulations and in which the two together engage in the articulating and editing process which shapes emergent outcomes.”* In summary, intuition forms the basis of creativity and is a state that can be harnessed on both the part of the therapist and the client to gain valuable insights and inspire new patterns of behavior.

### **3.3 Overcoming Stuckness**

Kotter and Heckler (2002) noted that the nature of many client's difficulties can leave therapists feeling stuck, with the idea of being 'stuck' in therapy non-conducive to psychological change.

Contrary to assumption that this stuckness lies in the client's resistance or lack of motivation, but in the therapist's own rigidity and lack of inventiveness. If both therapists and clients become stuck, change cannot occur. However, these moments can be overcome with creativity. The creative process is guided by *thunderstorms*. These frustrations are the therapeutic engagements required to digest problems and patterns of behavior before a new solution is established. The *lightening* that follows is borne of these frustrations. It happens over time, and not in the moment it strikes.

### **3.4 It's Not the Be-All and End-All**

While creativity is an integral part of the therapeutic process, it is important to note its limitations. Gladding (2002, p. 31) outlines that expectations around creativity have the capacity to obstruct. If the idea of it becomes an obsession, a requirement that extends to every part of a person's life it will become exhausting. Similarly, it needs to unfold in a natural way; "*As clinicians, we need to realize that creativity is like a knife. In the hands of a surgeon, it is a wonderful tool. In the hands of a criminal, it is destructive.*"

### **3.5 Conclusion**

In summary, psychotherapy is by its very nature creative. In order to harness this creative potential, there are three requirements of therapists. The first is a willingness to explore and to take risks with the clients. The second, to approach each client as unique and with an openness that allows for material to emerge in the here and now. The third, is an ability to solve problems, creativity is applying new solutions to old problems which is psychotherapy by its very nature. For these

behaviors to emerge the therapist must be in tune with their own source of intuition, since it is from this that creativity arises, however this can emerge on the part of the client too, the process being a mutually artistic engagement from which new solutions can emerge. Lastly, the process of therapy will experience 'stuckness' some capacity but rather than being viewed as a resistance on the client's part, it is in fact an indication of the therapist's own rigidity which can be overcome with creativity. Creativity absolutely has its place in psychotherapy but as with anything too much of a good thing is a bad thing and it is important not to strive for creativity in every aspect of the work as it can become forced and counterproductive.

## Conclusion

To conclude, creativity is an infinite source of inspiration that resides within each one of us. It is innate part of human behavior, owing the fact that every experience we have is different and requires a new approach to navigate, based on past experience. Clients typically come to therapy as a last port of call, seeking new solutions to old problems but are stuck in their rigid way of thinking. Psychotherapy is, by its very nature about change and the role of the therapist is to help the client harness their inner resources and to bring about change.

Creativity is borne from intuition, so it is important that the therapist has access to their own inner world in order to allow new and insightful thoughts and ideas to surface. It is especially important for the client too to harness the power of their own intuition, so the therapist's role is in helping them to harness this, as a means of coming up with their own innate solutions to existing problems.

Kelly's (1955) personal construct is especially relevant to the development of the therapeutic alliance as he proposed that there is no single reality. Everyone's reality is constructed based on the internal constructs they have which are borne of experience. As such the process of therapy is an entirely unique experience moment-by-moment, client-by-client. Together, through harnessing their inner worlds both can begin to experiment with new ways of being. While the therapist guides, the client follow suits. The more risks the therapist takes, the more the client is inclined to act with spontaneity from which novel new ideas can arise. It is the continual process of interpersonal engagement in the here-and-now that gives way to creativity. From the ideas that arise both are free to discuss, to try for size or to reject if the idea does not fit.

For the therapist to creatively leverage the therapeutic relationship, they must be willing to take risks themselves. They need to be attuned to their own inner world, to think creatively and to

pull together the pieces of the puzzle in order to gain an understanding of the individual's experience. The last requirement is that of problem solving. Problem solving is by its very nature finding new solutions to old problems, which is, creativity.

The aim of this research was to gain a better understanding of the role creativity plays in the process of psychotherapy, the objective being to determine whether there is a case for the inclusion of creativity focused training and its application to psychotherapy in professional training. In summary, creativity plays an integral part in the process of psychotherapy both in the context of the therapeutic relationship, which is recognised as the central mechanism of change in the process, and in the development of new ways of being. The research suggests that trainee therapists would benefit greatly from creative training that centers on educating trainee therapists on the value of creativity in psychotherapy as well as the skills needed to build their creative muscle and to leverage the power of their inner resources so that they are equipped to deal with clients on an individual basis and flexible enough to deviate from the manualised interventions thought in professional training. While there is some quality literature about creativity in psychotherapy, it remains, as mentioned earlier '*one of psychology's orphans*' both in terms of research and application. The research spans decades with little real depth in any specific areas. The narrative around interpersonal creativity is disjointed and relatively unexplored which may be a result of its links to intuition. The nonconceptual nature of intuition makes it difficult to comprehend, let alone quantify and with therapeutic interventions increasingly focused on results this leaves abstract concepts like creativity on the shelf. An area for exploration might be to consider the ability of creatively trained therapists to navigate frustrations and 'stuckness' in the therapeutic space leading to positive outcomes, versus their counterparts without any creative training.

Kotter (2002, p 223) noted that *“if science is therapy’s brain, then creativity is its heart.”*

If the true nature of psychotherapy is to move away from cognitive thinking and towards mind and body integration, then creativity is a foundational piece of the pie.

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